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CONFIRMATION NO. 3355

SERIAL NUMBER 09/899,425	FILING DATE 07/05/2001 RULE	CLASS 707	GROUP ART UNIT 2171	ATTORNEY DOCKET NO. NPA 2 0002
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APPLICANTS

John J. Larkin, Cincinnati, OH;
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**** CONTINUING DATA *******

THIS APPLN CLAIMS BENEFIT OF 60/250,161 11/30/2000

**** FOREIGN APPLICATIONS *******
IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY ..

** 10/10/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	OH	16	27	2
Verified and Acknowledged	Examiner's Signature Initials				

ADDRESS

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TITLE

Method for case management of workplace-related injuries

FILING FEE RECEIVED 418	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit